

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | FILING DATE | | |
|--------------|----------|------|------------------------|------|------------------------|--------------|-------------|---|---|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | |
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| 50 | | | | | | 100 | | | |
| TOTAL IND. | 3 | ↓ | ↓ | ↓ | ↓ | TOTAL IND. | ↓ | ↓ | |
| TOTAL DEP. | 38 | ↔ | ↔ | ↔ | ↔ | TOTAL DEP. | ↔ | ↔ | |
| TOTAL CLAIMS | 41 | | | | | TOTAL CLAIMS | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS